



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
MEDICAL LABORATORY BOARD  
DIVISION OF HEALTH RELATED BOARDS  
227 FRENCH LANDING, SUITE 300  
HERITAGE PLACE, METROCENTER  
NASHVILLE, TN 37243  
(615) 532-3202  
1-800-778-4123 Ext. 2-5128  
tennessee.gov/health

**APPLICATION**  
**FOR**  
**A LICENSE TO OPERATE**  
**A MEDICAL LABORATORY**

(    ) Initial Fee \$1,000

(    ) Regulatory Fee \$ 5.00

Application should be typed or legibly printed in ink.

Enclose the appropriate fee, \$1005.00, with this application. DO NOT MAIL CASH. Make check or postal money order payable to the State of Tennessee. Journal Vouchers must come to this office.

MAIL THE ORIGINAL DOCUMENT

KEEP A COPY FOR YOUR RECORDS

Please Submit To:

**DEPARTMENT OF HEALTH**

Division of Health Related Boards  
Medical Laboratory Board Administrative Office  
227 French Landing, Suite 300  
Heritage Place, MetroCenter  
Nashville, TN 37243

5029)001	Initial Fee	\$1,000
5029)002	Renewal Fee	\$1,000
5029)002	Penalty Fee	\$ 500
5029)006	Regulatory Fee	\$ 5

Laboratory Name: \_\_\_\_\_

Laboratory Address (Street, City, County, Zip): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

CLIA # \_\_\_\_\_ Number of Beds \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_

Type of ownership: ☐ Individual ☐ Partnership ☐ Corporation ☐ Government

Owner's Name (Individual(s) or partner(s) or officer if corporation): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_

Laboratory Director's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Highest Educational Degree: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_

Current State License Held: \_\_\_\_\_

Date Became Director of this Laboratory: \_\_\_\_\_

If certified by American Specialty Board(s), Name of Board(s): \_\_\_\_\_

Name(s) and address(es) of other laboratories directed by this individual

**(Cannot exceed three (3) licensed laboratories without Board approval: \_\_\_\_\_**

If laboratory is located in a Tennessee Licensed Health Care Facility, indicate name and address of Chief Executive Officer:

Days and hours of routine operation (Initial applications only): \_\_\_\_\_

SPECIALTIES (Indicate only those specialties performed on the premises.)

Check the specialties for which you seek a license to operate a medical laboratory.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 010 Histocompatibility          | <input type="checkbox"/> 400 Hematology              |   |
| <input type="checkbox"/> 100 Microbiology                | <input type="checkbox"/> 500 Immunohematology        | <input type="checkbox"/> Waived Testing:      |
| <input type="checkbox"/> 110 Bacteriology                | <input type="checkbox"/> 510 ABO Group & RH Type     | <input type="checkbox"/> UA Dipstick          |
| <input type="checkbox"/> 115 Mycobacteriology            | <input type="checkbox"/> 520 Antibody Detection      | <input type="checkbox"/> Whole Blood Glucose  |
| <input type="checkbox"/> 120 Mycology                    | <input type="checkbox"/> 540 Antibody Identification | <input type="checkbox"/> Fecal Occult Blood   |
| <input type="checkbox"/> 130 Parasitology                | <input type="checkbox"/> 550 Compatibility Testing   | <input type="checkbox"/> Gastric Occult Blood |
| <input type="checkbox"/> 140 Virology                    |  | <input type="checkbox"/> Vaginal pH           |
| <input type="checkbox"/> 150 Other                       |  | <input type="checkbox"/> Body Fluid pH        |
| <input type="checkbox"/> 200 Diagnostic Immunology       | <input type="checkbox"/> 600 Pathology               | <input type="checkbox"/> UCG                  |
| <input type="checkbox"/> 210 Syphilis Serology           | <input type="checkbox"/> 610 Histopathology          | <input type="checkbox"/> Amines               |
| <input type="checkbox"/> 220 General Immunology          | <input type="checkbox"/> 620 Oral Pathology          | <input type="checkbox"/> Total Cholesterol    |
|  | <input type="checkbox"/> 630 Cytology                | <input type="checkbox"/> HDL                  |
| <input type="checkbox"/> 300 <u>Chemistry</u>            | <input type="checkbox"/> 900 Cytogenetics            | <input type="checkbox"/> Triglycerides        |
| <input type="checkbox"/> 310 Routine, Clinical Chemistry |  | <input type="checkbox"/> Prothrombin Time     |
| <input type="checkbox"/> 320 Urinalysis                  | <input type="checkbox"/> Independent Laboratory      | <input type="checkbox"/> Hemoglobin           |
| <input type="checkbox"/> 330 Endocrinology               | <input type="checkbox"/> Blood Donor Center          | <input type="checkbox"/> <i>H. pylori</i>     |
| <input type="checkbox"/> 340 Toxicology                  | <input type="checkbox"/> Plasma Donor Center         |   |
| <input type="checkbox"/> 350 Other                       | <input type="checkbox"/> Collection Station          |   |
| <input type="checkbox"/> pH & Blood Gas                  |  |   |

#### REFERRED SPECIMENS

A. Are specimens referred to other laboratories for examination?

☐ No ☐ Yes If yes, furnish the name(s) and address(es) of the laboratories below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Are specimens referred to your laboratory from other laboratories, facilities or offices for examination?

☐ No ☐ Yes If yes, furnish the name(s) and address(es) of the laboratories below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### List of Personnel working for Laboratory

List the name of each technical person along with the expiration date of their license. A license will not be issued without this information. Category – MT, MLT, Director, Special Analyst, RN, RT, MD, etc.

[illegible]

**68-29-126. Suspension, Revocation and Denial of Medical Laboratory License - Grounds.** The board has the power to suspend or revoke a medical laboratory license or to deny the issuance or renewal of a license or deny approval whenever a medical laboratory owner or director or owner of a medical laboratory training facility commits any of the following offenses:

- (1) Making false statements on an application for a medical laboratory license or any other documents required by the board;
- (2) Permitting unauthorized persons to perform technical procedures or to issue or sign reports;
- (3) Demonstrating incompetence or making consistent errors in the performance of medical laboratory examinations and procedures;
- (4) Reporting which is erroneous;
- (5) Performing a test and rendering a report thereon to a person not authorized by law to receive such services;
- (6) Referring a specimen for examination to a medical laboratory which has not been licensed under this chapter, with exceptions noted in §68-29-104;
- (7) Rendering a report on medical laboratory work actually performed in another medical laboratory without designating the name of the director and the name and address of the medical laboratory in which the test was performed;
- (8) Having professional connection with or lending the use of the name of the licensed medical laboratory or its director to an unlicensed medical laboratory;
- (9) Making statements, in writing or orally, of a character tending to deceive or mislead physicians, dentists or hospitals;
- (10) The performing of cytological and anatomical pathological examinations in a medical laboratory not under the direction of a pathologist certified or eligible for certification by the American Board of Pathology, licensed to practice medicine in the State of Tennessee;
- (11) Violating or aiding and abetting in the violation of any provision of this chapter or the rules and regulations promulgated hereunder;
- (12) Failing to file any request or report required by the provisions of this chapter or the rules and regulations promulgated hereunder; or
- (13) Fraudulent advertising for patronage of the general public by means of bills, posters, circulars, letters, newspapers, magazines, directories, radio, television, or any other medium. [Acts 1967, ch. 355, § 26; 1973, ch. 141, § 10; T.C.A., § 53-4126; Acts 1989, ch. 467, §§ 7, 12.]

## Verification By Notary Public

Signer for application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to medical laboratories for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated, 68-29-101 et seq.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Date

State of Tennessee

County of \_\_\_\_\_.

The above named applicant (print name) \_\_\_\_\_, being by me duly sworn on his/her oath, deposes that he/she has read the foregoing application and knows the contents thereof: that the statements concerning the above named facility or agency, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

NOTARY PUBLIC: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_, 20\_\_